

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

IC- 1149 398

SL 26455

63-045373

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12027

FILED DEC 12 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis**

Length of stay in 1b  
**3 days**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **VET. ADM. HOSPITAL**

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **St. Louis** Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS **1927 Wyoming** (If outside, give location)  
Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

**ROLLIE**

**DERRINGTON**

## 4. DATE OF DEATH

Month

Day

Year

**December**

**4**

**1963**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**White**

## 7. Married

☒

Never Married ☐

Widowed ☐

Divorced ☐

## 8. DATE OF BIRTH

**10/28/95**

## 9. AGE (last birthday)

**68**

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Laborer**

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

**Mayfield, Kentucky**

## 12. CITIZEN OF WHAT COUNTRY

**USA**

## 13a. FATHER'S NAME

**James Derrington**

## 13b. MOTHER'S MAIDEN NAME

**Pearlie Dick**

## 14. NAME OF HUSBAND OR WIFE

**Lucy Derrington**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**Yes WW-1**

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

**Lucy Derrington (Wife)**

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

**NOT KNOWN**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

**CARCINOMA OF THE PROSTATE**

#### DUE TO (c)

**177X**

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

☐

## NOT WHILE AT WORK

☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. ☒ attended the deceased from **12/1/63** to **12/4/63** and last saw him alive on **12/4/63**  
Death occurred at **3:30 A. M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**North G. Roenthal M.D.**

## 22b. ADDRESS

**VAH, St. Louis, Mo.**

## 22c. DATE SIGNED

**12/4/63**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

## 23b. DATE

**12-7-63**

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

**Benton, Ky.**

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

**Linn Funeral Home, Benton, Kentucky.**

## 25. DATE RECD. BY LOCAL REG.

**DEC 5 1963**

## 26. REGISTRAR'S SIGNATURE

**Earl Smith M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harvey Kade*

Licensed Embalmer No.

4596

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.